

Medical
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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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OCTOBER 1ST, 1938

PRICE NINEPENCE

CALENDAR

Sat., Oct. 1.—Rugby Match *v.* Old Alleynians. Home.
Tues., „ 4.—Dr. Chandler and Mr. Roberts on duty.
Fri., „ 7.—Dr. Gow and Mr. Vick on duty.
Medicine : Lecture by Dr. Evans.
Sat., „ 8.—Rugby Match *v.* Mosely. Away.
Tues., „ 11.—Dr. Graham and Mr. Wilson on duty.
Wed., „ 12.—Association Match *v.* Reading University. Away.
Surgery : Lecture by Mr. Wilson.
Thurs., „ 13.—Abernethian Society : Mr. Norman Birkett, K.C.
Fri., „ 14.—Dr. Evans and Sir Girling Ball on duty.
Medicine : Lecture by Dr. Chandler.
Last day for receiving letters for the November issue of the Journal.
Sat., „ 15.—Rugby Match *v.* Woodford. Away.
Association Match *v.* Royal Military Academy. Home.

Tues., Oct. 18.—Prof. Christie and Prof. Patterson Ross on duty.
Wed., „ 19.—Rugby Match *v.* Cambridge University. Away.
Surgery : Lecture by Mr. Vick.
Last day for receiving other matter for the November issue of the Journal.
Fri., „ 21.—Dr. Chandler and Mr. Roberts on duty.
Medicine : Lecture by Dr. Gow.
Sat., „ 22.—Rugby Match *v.* Old Haileyburians. Home.
Association Match *v.* Old Brentwoods. Home.
Fencing Match *v.* London Hospital. Home.
Tues., „ 25.—Dr. Gow and Mr. Vick on duty.
Wed., „ 26.—Surgery : Lecture by Sir Girling Ball.
Fri., „ 28.—Dr. Graham and Mr. Wilson on duty.
Medicine : Lecture by Dr. Evans.
Sat., „ 29.—Rugby Match *v.* Old Leysians. Away.
Association Match *v.* Old Malvernians. Home.

THE HOSPITAL AND WAR

AT the time of writing, the horrible calamity of war has receded from the immediate foreground, and appears to be averted or at least postponed. The worst, however, must still be prepared for. Of one thing we may be certain: the mistakes of the last war will not be repeated. In 1914 the fallacy of thinking “that we shall be

home by Christmas” and the patriotism of the students led them to abandon their medical training and enlist in the forces or to be sent half-fledged into destroyers. Soon the lack of qualified doctors was felt, and the trenches were combed to find anyone with medical training and to send them back to learn their job. To-day the value of medical men

is fully realized, and no student will be allowed to waste himself in this way, even should he wish to.

At the outbreak of war Bart.'s becomes a Casualty Clearing Hospital. In dealing with the enormous number of civilian casualties that must be expected in totalitarian warfare, the students will have an essential role to play. After the preliminary evacuation of the peace-time patients they will be organized in teams as fire squads, for decontamination from gas, as dressers, stretcher-bearers and messengers; and, very important, in evacuating casualties as they become fit to return to their homes.

By the time this is read every student will know what his job will be and how he is to do it. If any feel that their years of special training will be wasted, and they are put down for work which could be done equally well by people less specialized, they must realize that, apart from serving the immediate needs of the Hospital in casualty clearance, a reservoir of medical men must be maintained and built up, from which fully trained doctors may be sent to the Forces, to advanced civilian posts, and since the destruction must one day come to an end, to the men and women of the Future.

CURRENT EVENTS

THE MILSOM REES SCHOLARSHIPS

These two scholarships of £100 each are awarded annually to the sons of medical men at the Port Regis Preparatory School, Broadstairs. Candidates must be under nine years of age, and the award is tenable until the holder leaves school.

Sir Milsom Rees is an old Bart.'s man, and in the past has especially wished to have the sons of old Bart.'s men as candidates. This year one scholarship is closed for the sons of old Bart.'s men only. The examination will take place early in March, and full particulars may be obtained from the Headmaster, Port Regis Preparatory School, Broadstairs.

The advantages of these scholarships cannot be too widely circulated amongst all medical men, and old Bart.'s men in particular.

THE HOSPITAL BEER

Stimulated by Sir D'Arcy Power's article on beer in the last issue of the JOURNAL, a correspondent sends a reminder of the great days that have passed. A visitor to Faith Ward in the 'eighties would see an ancient painted notice:

"No nurse may leave the Hospital to fetch Porter or other liquor without permission."

Why is this notice no longer necessary?

THE STUDENTS' UNION ANNUAL BALL

As most inhabitants of the Hospital will have already seen, this Ball is again to be held at Grosvenor House and will take place, H.V., on Thursday, November 17th.

Tickets are 35s. double, 21s. single, and may be obtained from the Secretaries of the Students' Union amongst others at the Hospital, and at Charterhouse from A. H. W. Brennan.

The Cabaret is rumoured to be of quite unprecedented glamour, and would alone make the ticket a profitable investment.

THE A.D.S.

The Society announces that their choice for this year's Christmas entertainment is "Loyalties", by John Galsworthy. This play fits the somewhat narrow requirements of the Society extremely well, and should be one of the most successful ever performed.

The casting rehearsal will be held in the Practical Surgery Room on Wednesday, October 26th, at 4 p.m. All who are interested, whether from an acting or technical point of view, will be most welcome.

NEWS FROM OUTSIDE

Almost every printed word which faced your contributor this week-end bore the threat of war, or what really seems worse, undeclared hostilities. Fortunately two exceptions and the Marx Brothers' "Duck Soup" went a long way towards saving his reason. A discussion of Marxian comedy would doubtless be reckoned as unbecoming in these paragraphs as a discussion of Marxist politics. One cannot but feel that the last word lies with General Goering: "We know what is going on. We know that it is intolerable that a cultureless little people over there—none knows where they came from—endlessly oppress and annoy people of culture. We know that it is not just the laughable pigmies in Prague. Behind them hides Moscow, the eternal, Jewish, Bolshevik demons of destruction." But as Chico Marx said, "This is spy stuff", and must be ranked as inside information.

Apart from "Duck Soup", the refreshing thing over the week-end was a new arrival in medical or rather nursing journalism—*Nursing Illustrated*. It is understood that Hamilton Bailey is closely associated in its production, and its technical material is certainly of an amazingly high standard. Noble Chamberlain contributes an article worth the attention of any student on clinical facies, while its general interest material, with the type of photography we have come to expect from the publishers of Lilliput, places it immediately in the first rank.

Benzedrine is to become a "dangerous drug". A somewhat mixed blessing, and one cannot but wonder if the Conjoint Board pass-marks will fall again to a less ambitious level. On the other hand it must be remembered that such was the exhilaration that this drug produced, that a candidate wrote his name 114 times, and then left the hall confessing himself satisfied that he had tricked the examiners.

"In matters of Health, Disease and Medicine the influence of Obscurantism has been, and still is, marked." Thus Lord Horder expresses himself in the 1938 Conway Lecture, which has just been published. He does not confine his remarks to Medicine and scarcely any department of life has been left free from examination, but it would appear that Medicine, Politics and the Law present the deepest bolt-holes for the obscurantist.

The only complaint that can be made against this essay is that its 48 pages cost two shillings, which means that it costs the reader a penny every time he turns over a page—taken by and large it is perhaps worth it.

OUR CANDID CAMERA



"What does she say she's lost?"

St. Bartholomew's Hospital Women's Guild

A RUMMAGE SALE

will be held on Thurs., October 20, in the Hospital

WILL READERS KINDLY CONTRIBUTE?

Clothes, Household Furnishings, Books, China, etc.,
Bric-a-brac, Sports Equipment, may be sent now to

WOMEN'S GUILD (RUMMAGE SALE),

c/o THE STEWARD,

ST. BARTHOLOMEW'S HOSPITAL, E.C. 1.

If it proves difficult for contributors to send their articles arrangements will be made for their collection.

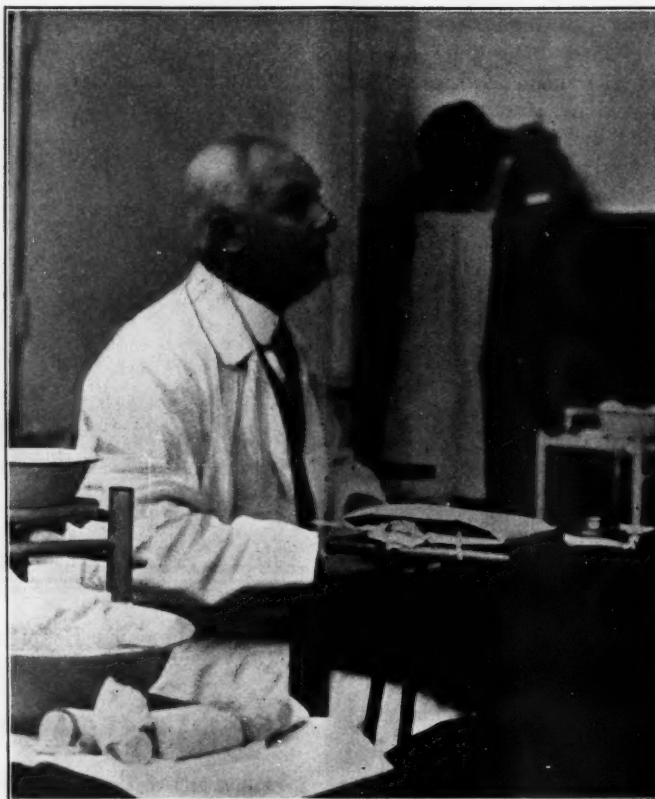
Further information may be obtained from Mrs. J. E. H. Roberts (Chairman), Flat 21, Harcourt House, 19, Cavendish Square, W. 1.

OBITUARIES

Dr. N. S. BONARD

WE regret to announce the death of Dr. N. S. Bonard, Assistant Medical Officer to the Department for Venereal Diseases.

could deal with a row of bare arms, stretching from his room in the Surgery out through the door into the main hall, more rapidly, with less fuss, with fewer unnecessary movements and with more good humour than anybody I have ever known. Surely will he be



DR. N. S. BONARD.

Mr. Kenneth Walker writes :

"As medical officer in charge of the V.D. Department of this Hospital, it is not inappropriate that I should say a word about Dr. N. S. Bonard, news of whose death in the south of France has recently reached us. It is not only because he worked so long in the Department that we shall miss him ; it is because he was what is called a 'personality'. The picture of the Great White Chief sitting at his tiny desk, injecting kilograms of arsenobenzol per annum into innumerable veins, will remain with many of us to the end of our lives. He

missed by his patients, for in spite of his rapidity, he was familiar with each face and had a cheerful smile for all of them. Indeed, his white hair, his benevolent expression and his dignified bearing gave a veneer of respectability to a somewhat unfashionable Department of the Hospital. Less stigma seemed to be attached to venereal disease through the mere presence of Bonard ; it was an unfortunate accident that might have happened to anybody, an accident that had even happened to kings and patrons of the Hospital.

"Bonard enjoyed life. He was a man of catholic

tastes who existed apart from his work. One met him in unexpected places, at Ciro's in immaculate dress, at the Café Royal in suitable company and with an appropriate drink, so engrossed in conversation that he did not even realize that his presence there had been spotted.

"We shall miss Bonard in the Department. We may not be able to feel any longer that it is unnecessary to inquire into the question of how the syphilitic patients are getting on. How can we best honour his memory? By drinking a good glass of wine, and then remaining quiet for a moment whilst we recall our Great White Chief sitting at his desk in the Surgery. That somehow seems more appropriate than long faces and wreaths."

Sir Girling Ball writes :

"I would like to add my tribute to the work of Dr. Bonard.

"In 1917 when the Hospital started the Venereal Department Centre, the building was selected in Golden Lane next to the Coroner's Court for the purpose of dealing with patients contracting venereal diseases. I knew something of the treatment of gonorrhœa and its complications but little or nothing about modern treatment of syphilis. It was incumbent upon me therefore to discover some man who knew something about this. Moreover, in the middle of the Great War it was impossible for me to act as a whole-time officer of this Department, which was what was required.

"By a lucky opportunity, Bonard, who had just come from Switzerland, happened to be working on these lines in London, and he undertook the Chief Assistantship in this Department. Ever since that date he has been a Chief Assistant, and last year was created Assistant Medical Officer to the Department.

"I cannot pay too high a tribute to his ability, his hard work, punctuality, and his kindly treatment of patients. He earned for himself during the five years during which I was in charge of this Department a reputation which I think few possess. I have followed his work throughout these subsequent years, and am quite conscious that the Hospital has lost a very great servant. It is with the greatest regret that I heard of his death, and I feel sure the same will be felt by all those who knew him."

Sister Special Treatment Centre writes :

"For twenty-one years Dr. Bonard was one of the most self-effacing and best-loved figures connected with the out-patients of this Hospital. During that time his patients, perhaps more than most, looked to him as a

friend and were never forgotten by him. I myself worked beside him for half this period and know how deep was the trust and affection they had for him.

"His technique was a highly individual one, and it was always a source of amusement to watch the wide-eyed housemen and dressers when, deep in animated conversation with averted head, the Chief would unhesitatingly plunge his needle into an apparently non-existent vein.

"To-day we are all conscious of a great gap in our Department. So often we will now hear our patients say, 'Not back yet? Well, I'll wait a little longer till the grand old man comes back'."

Mr. W. E. Underwood writes :

"The Special Treatment Centre has lost a great figure. Dr. Bonard was well known to all who passed through the Department for his personality and, perhaps most of all, for his masterful manipulation of the needle and syringe. As a colleague, and even more as a friend, the Staff of the Department feel his absence keenly, but he will always be with us, as many of his old traditions ever remain. No longer will the patients move one place nearer the door from which that ever-cheerful call still appears to come—'Next'."

PROFESSOR MACPHAIL

We regret to announce the death of Prof. Alexander Macphail, M.D., who was Lecturer in Anatomy at St. Bartholomew's Hospital from 1912 to 1922.

Prof. Woollard writes as follows :

"I was not his immediate, but his penultimate successor in the Department of Anatomy. I often heard him spoken of in terms of great affection, and I used to feel a twinge of jealousy when his lucid and patient manner of exposition was praised. He was taken from Bart.'s by his former chief, now Lord Addison, who, when he achieved political greatness, used the opportunity to do something for medical education.

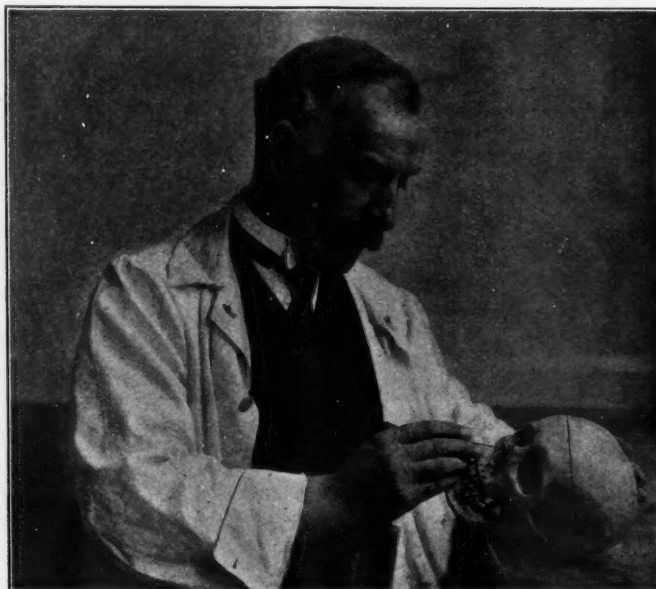
"Dr. Macphail was appointed to administer the Anatomy Act, and do what he could to obtain more bodies for dissection. A dead body belongs to its next-of-kin. A man may express a wish, but he cannot determine the fate of his bones. Boards of Guardians, until they were abolished recently, were the legal next-of-kin of unclaimed bodies. For the most part they were unwilling to allow these bodies to be dissected. Their members were often biased by subversive political ideas, inverted snobbery, the lingering dislike for body-snatchers, the notion that medical students are a special set of Philistines, a vague feeling that dissection

is a ghoulish sort of desecration, and that it is useless and unnecessary. It was the job of Dr. Macphail to persuade Boards of Guardians containing hostile and suspicious members to hand over the unclaimed bodies they had charge of to the schools.

"In this he was most successful. That patience and tact which made him a lovable teacher served to win over many previously reluctant Boards of Guardians. A certain Board demanded that the bodies when due for burial should be inspected by them. Dr. Macphail at once agreed, and we had to do our best to make a

'What do I want with books?' he said, 'haven't I got my hands in the body all day long!' Macphail's personality was always gracious and courteous, and suggested charm and culture rather than the thorny ways of science. Though he collected bodies I feel he had no passionate interest in unravelling their intricacies.

"It is true that recent legislation has secured a more certain and ampler supply of bodies for the schools of London. Indeed, London, in comparison with Continental Schools, is much better off. For this all of us owe a debt to Dr. Alexander Macphail."



PROFESSOR ALEXANDER MACPHAIL.

proper restoration of the dissected parts so that the inspection might be satisfactory.

"Macphail confidently believed that eventually our medical schools would receive an abundant supply of bodies through the desire of enlightened citizens to serve the community not only in life but in death. From intellectual motives an occasional citizen does desire that his body shall be dissected, but for many years the number of bodies so received has remained about thirteen.

"I knew little of Macphail apart from the encounters and meetings which arose in connection with the administration of the Anatomy Act. I believe he got very great pleasure from his appointment as Anatomist to the Royal Academy. An anatomist was once asked if he thought a certain book should be got for the library.

SIR JOHN RAHERE PAGET, Bart., 1848-1938.

Of Sir James Paget's four distinguished sons, Death claimed first in 1911 the second-born, Francis, Dean of Christ Church and Bishop of Oxford. Stephen, who, being the youngest, had to take up his father's career ("why ever did my Father make me a surgeon?"), died in 1926, and last year the third-born son, Henry Luke, Bishop of Chester, and Governor and Honorary Chaplain of the Hospital, followed him into the silence. Strangely the eldest son, who succeeded Sir James in the baronetcy, outlived his brothers, dying at the advanced age of ninety after a short illness on August 20th.

Sir John Rahere Paget (in bearing the name of the Hospital's founder he was surely unique, at least in modern times) first saw the light of day in St.

Bartholomew's Residential College, of which Sir James Paget was Warden from 1843 until 1851. The date of his birth was March 9th, 1848, which, curiously enough, marked the eighteenth anniversary of his father's entrance into the medical profession. For on March 9th, 1830, he had signed the deed of apprenticeship with Charles Costerton, a general practitioner in, and former Mayor of, Great Yarmouth. Sir John, who was educated at Cambridge, was called to the Bar in 1873, becoming a bencher in 1908. Specializing in the law of banking, through his expert opinions and through his pen he acquired an international reputation as an authority on bills of exchange and the legal use of cheques, and in 1913 his advice on financial problems was sought by the United States of America. As in his brothers, so in Sir John also had the hand of heredity left unmistakable prints on both physical and mental make-up. He certainly had his fair share of the fascinating ugliness which was so characteristic of the Pagets. Unlike his austere father, he possessed a deliciously keen sense of humour, and was the owner of a seemingly inexhaustible mine of stories and anecdotes. Unfortunately, when the writer of this note was privileged to meet him some ten years ago, he already felt "very apprehensive of developing senile garrulity", yet his reminiscences were inimitable in their delightful

blend of local colour and frolicsome truthfulness. On at least one occasion he remembered his father to have received from a patient in place of the traditional sovereign and shilling wrapped up in paper, a shilling and a gilded whist-marker with the then customary inscription, "Keep your temper". If, as the late Lord Oxford once said, an autobiography is an unrivalled vehicle for telling the truth about other people, chroniclers of contemporary medical history can but regret Sir John Paget's indisposition to record his reminiscences for the intelligence and delectation of those to whom the biographical art means so much more than the portrayal of stained-glass windows.

W. R. B.

Col. P. C. M. STRICKLAND, I.M.S.

IN spite of his 75 years, which few, if any, would suspect from his appearance and soldierly bearing, which he preserved to the last, he was active in body and mind. Indeed he played a good game of tennis till quite recent years. He took a practical interest in Empire and local affairs, and was a kindly man whom many will miss. In short, he was a credit in every way to his "alma mater", Bart.'s, and to the service of which he was a distinguished member.

A. E. J. L.

RADIUM TECHNIQUE IN STOCKHOLM

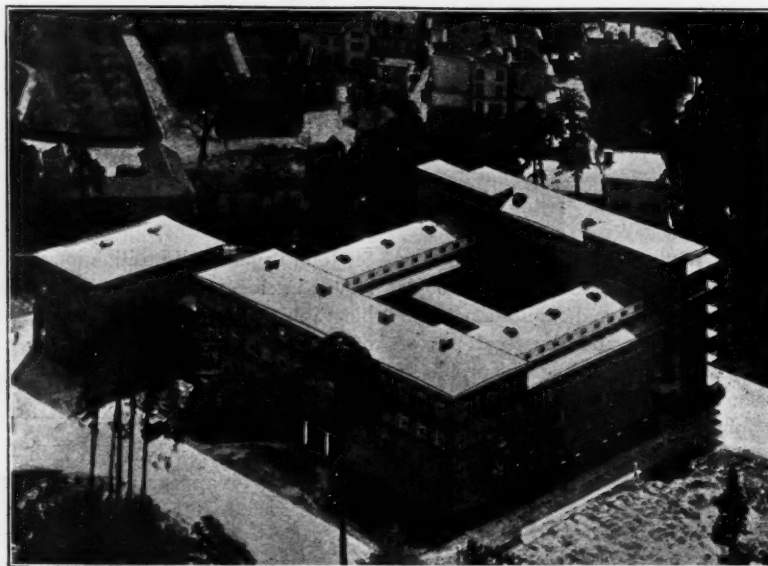
By W. N. TAYLOR.

THE place occupied by radium in the treatment of malignant disease has by now become fairly definitely determined. The wave of enthusiasm of a few years ago has passed by, leaving a few clear-cut indications for radium therapy. Carcinoma of the cervix is an example where nearly everybody, with a few notable exceptions, is agreed that radium is the best treatment. Much of the pioneer work in this field was done at Stockholm, where the famous technique was gradually evolved to serve as a pattern for clinics the world over. Therefore it may be of interest to record some of my impressions of visits I paid to the original home of this technique, during two weeks' holiday in that city.

Such visits were made easy for me by the hospitable way in which I was received by the Stockholm medical students. Not only did they deal effectively with the "shop" side of my holiday, arranging introductions to

most of the best hospitals, but also saw to my recreation and entertainment in other ways, although it was only a few weeks since they had done the same with a party from the N.U.S.

As regards the Stockholm technique itself: This was worked out over twenty years ago at the Radiumhemmet, a hospital specializing in the radiological treatment of disease, and owning over 10 grm. of radium. This hospital has now become part of the new Caroline Institute, where, situated on the outskirts of the town, all the teaching hospitals of Stockholm have been amalgamated into one large general hospital. The new Radiumhemmet stands apart from the rest of the Institute, and is designed in the conventional square modern style. Here they can deal with about 4000 new patients per year, of whom about 1500 are in-patients. Patients are sent to this hospital from all over Sweden, and they attend the follow-up clinics every few



RADIUMHEMMET FROM THE AIR.*

months for the rest of their lives if they do not live too far away, or keep in touch by letter as long as they are free from symptoms if they do. Patients are always told when they have cancer, which not only ensures that they will continue with the course of treatment, but also means that genuine cures will make good publicity, which is very important in influencing public opinion with regard to cancer. The State takes great interest in the hospital patients, paying five-sixths of the hospital fee, and providing free transport for attending the follow-up clinics for all who cannot afford it.

The Statistical Department is a very important one. A large staff is employed checking up the survival rate, and so valuable are the records considered that they are kept in a fire-proof room.

On my first visit to the hospital I attended a round on the general (*i. e.* non-gynæcological) side, conducted by Prof. Bervan, who is in charge of the hospital. This was preceded by the usual ordeal of shaking hands with all the students and assistants present, who have the continental habit of spontaneously introducing themselves; then, having shaken hands with the professor we set off. The wards are small, containing only six or eight beds, which seems to be the modern idea, though what advantage this gives I did not gather. Although I was the only foreigner present in that round, it being the slack season for visitors, the professor explained many of the cases in English, which, with German, nearly

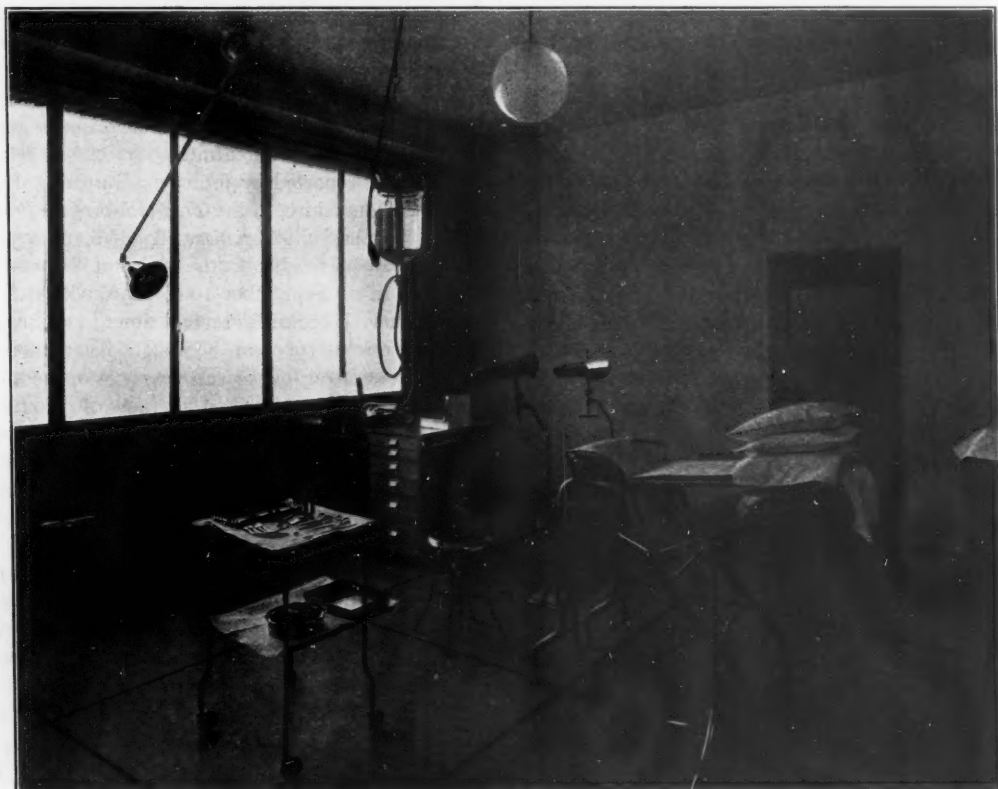
every Swedish medical student seems to know. I was told that this was quite common in any case, because it gave an opportunity to discuss unfavourable diagnoses or prognoses without distressing the patient.

The next day I was introduced to Dr. Heyman, who is in charge of the gynæcological side of the hospital, and who, with Dr. Forsell, was responsible for evolving the original technique for the treatment of carcinoma of the uterus. I had the opportunity of watching him carry out treatments on two cases of carcinoma of the body and one of the cervix. Since in this country hysterectomy is the more usual treatment of carcinoma of the body, details of the former will not be of great interest. But concerning the treatment of carcinoma of the cervix itself, I gathered that it differed in several respects from the conventional English interpretation. In England the operation is more or less standardized. About 50 mgrm. of radium are usually placed in the uterus and about 30 in each lateral fornix, and left for 20 hours, to be repeated one week later and again three weeks after that. At the Radiumhemmet, however, the technique is much more elastic. Each case is treated on its individual merits. Not only have they a large variety of applicators to suit variously-sized tumours, but also the dose of radium is varied, large tumours getting large doses and small tumours smaller doses. The time during which the radium is left *in situ* averages about 20 hours, but it is calculated from special charts

* This photograph and the one on the opposite page are taken from a pamphlet published in Stockholm describing Radiumhemmet and its works.

to give about 800 mgrm. element hours in the uterus and 1500 mgrm. element hours in the vagina at each treatment. There is a tendency of late, owing to the increased demand for beds at the hospital, to reduce the number of treatments to two, with a three weeks' interval, and with a larger dose at each treatment. This dose cannot be increased proportionately, however, owing to the danger of such a concentration, so that the

of the cervix. Severe radium injury to the bladder or rectum is avoided by plenty of packing, but mild proctitis is quite common. Sepsis is the most serious complication, but mild sepsis is not an excuse for delay in starting treatment. In one case I saw the cavity of the uterus was thought to be infected, but this was dealt with by inserting a glass drainage-tube into the cervix.



GYNÆCOLOGICAL THEATRE.

total mgrm. element hour dose is of necessity smaller, but the results obtained do not appear to have suffered. Another advantage is the decreased risk of sepsis.

The anæsthetic used for these operations was evipan, apparently a favourite anæsthetic in Stockholm, where I saw it used on other occasions. Only once did I see ether used—a case of ectopic gestation. Nor, as far as I could see, was premedication used at all. It was strange to see the patients wheeled into the theatre in their ordinary beds, then to climb out of bed and on to the operating table.

Routine cystoscopy is done on all cases of carcinoma

The patients are in hospital only three or four days for each treatment, and between treatments the patient can go home.

The radium applicators are made up actually in the theatre. There is an elaborately fitted bench, where, on pressing a button, a small drawer automatically opens containing ready packed needles of the required strength. These are of platinum of filter thickness equivalent to 1 millimetre of lead, and are packed as many as may be needed into the applicators, which may be tubular, flat or cone-shaped, and made of stainless steel of a thickness equivalent to 2 millimetres of lead. The

packing is done by the junior nurse, who stays at this work only three months at a time.

One other thing that particularly interested me was the way the operation note was written up. Between operations we would all troop into a side room to smoke (where, incidentally, among others on the walls, was a photograph of Sir Comyns Berkeley), and here the assistant, seated at his ease, would leisurely dictate his note into a dictaphone, to be typed out by the secretarial staff at their convenience. I was told that all the hospital case-taking is done in this way, a dictaphone being an essential part of the equipment of the wards or out-patient "boxes".

Mention has been made of the value they attach to their records, and the same extreme care is taken to ensure the accuracy of their statistics according to the rulings of the League of Nations Sub-Commission. From 1921 to 1936, 2886 cases of cervical carcinoma had been controlled, the 5-year symptom-free rate (not merely survival rate) varying between 20 and 30% each year. To take more concrete examples: of 198 cases treated in 1930, 27.8% were symptom-free in 1935, and of 211 cases treated in 1931, 20.9% were symptom-free in 1936. This is a comparatively wide variation in results, and shows how, even in the same clinic, using uniform methods, figures based on small numbers of cases are unreliable, and so how useless it is to compare results from different clinics.

A few conclusions may be drawn from all this: As far as treatment of carcinoma of the cervix is concerned the Radiumhemmet at Stockholm have amply proved the value of radium in this particular field. With regard to the treatment of cancer in general one or two points may be brought out. Radiotherapy is now a highly specialized science, and should be undertaken only by specialists. There is no need completely to divorce the radium centre from the general hospital as had been done in Stockholm until recently, because surgery is still the first weapon of attack, but for satisfactory scientific approach to the problem special considerations are required. Accurate histological diagnosis is a very important sideline, which must receive due attention. The patients must be encouraged to attend follow-up clinics regularly, so that accurate records can be kept. The Radiumhemmet prides itself on having not lost trace of a single patient since these methods were started in 1914. The problem of cancer is far from worked out, but it is by the application of such minute attention to detail that progress in this field can be made.

AN ASTONISHING CASE OF INTUSSUSCEPTION A CENTURY AGO

By W. R. BETT, M.R.C.S., L.R.C.P., F.R.S.L.

"and their belly prepareth deceit."

—*The book of Job*, xv, 35.

FOR us to-day, brought up in such fear of intussusception as to watch even over a doubtful case with knife in hand, the following story is as astounding as it is incredible. Yet it tends to confirm the experience of many practitioners of what Voltaire so fondly called the conjectural and murderous art of medicine that the human body is surprisingly tolerant of heroic or injudicious treatment.

The case is reported by John Fox, Surgeon, of Cerne Abbas, in Dorsetshire, in the *Transactions of the Provincial Medical and Surgical Association*, 1839, vii, pp. 354-63: A boy of sixteen, residing in the parish of Nether Cerne, was taken ill on September 10th, 1838, with dull pain about the navel, occurring several times in an hour and lasting a minute or two. Though he took several ounces of castor oil, his bowels were not opened. The surgeon thereupon prescribed 5 grains of calomel and 1 grain of opium at once, and $\frac{1}{2}$ ounce of castor oil every four hours until the bowels were freely open. The same kind of pain persisted through a restless night, the boy rejecting every dose of the oil. There was slight fullness of the abdomen. Two grains of calomel and 8 of compound extract of colocynth were next ordered every four hours until relieved, and, if pain and constipation continued, a hot bath for 20 minutes. The patient got progressively worse, the pain becoming almost constant, though more violent at intervals. Twelve leeches were applied to the abdomen, followed by warm fomentations with scalded bran, and a pill was prescribed, containing one drop of croton oil, every two hours. Again there was no improvement. The belly became rather more tumid and harder about the centre of the right iliac region. On the thirteenth of the month the doctor writes: "I came to the conclusion that I had a case of intussusception to deal with, and I endeavoured to explain the nature of it to the poor boy's mother, and to prepare her for a fatal termination." The pathetic story drags on. On the 16th the patient had passed a night of constant pain and vomiting, and had been wandering a good deal. The vomit now contained faeculent material and one large *lumbricus*. That same evening he was seen in consultation with another doctor who agreed that the condition was hopeless, as the boy was evidently dying. At this stage Dr. Fox, who, though slow to act, seems to have been a man of resourcefulness, had a "brain-wave". "It now occurred

to me," he writes, "to give inflation a trial, but I certainly did not anticipate a good result for it, as the remedy came so late, and the case appeared so desperate; however, I thought it my duty, and I therefore immediately procured a bladder, and secured one end of it to the nozzle of a pair of bellows, and the other end to a common enema pipe, and having introduced the pipe its full length into the rectum, the bellows were set in motion by my pupil, and inflation forcibly but slowly persevered in, until the poor boy complained of a disposition to 'break wind'." He later passed wind in large quantity, followed in a few minutes by a very copious and liquid evacuation containing a few hard lumps. There was no more vomiting. The copious evacuations continued for the next two days. On the 22nd there was a decided change for the worse, and the doctor records the firm impression on his mind that the case would even now prove fatal. On the following day the nurse was both horrified and amazed to find a large piece of intestine, with some of the mesentery still adhering, in one of the boy's stools. This dramatic episode, incredibly enough, spelled recovery, which was uneventful and complete. The patient was in perfect health four months later, "following his usual occupation of milking and exercising horses without inconvenience". With the boy happily passing out of the chapter, let us bid farewell to his doctor, serenely content in the belief that, late as the remedy came, it was still early enough to be the means of saving the boy's life by tearing asunder the attachments between the dead and the living intestine, and thus assisting Nature in her work of reparation, whilst the inflammation set up by the destruction proved essentially a restorative process.

ST. BARTHOLOMEW'S HOSPITAL LIBRARY

THE Red Cross Library at Bart.'s was started in October, 1930, and for the last three years has been situated under the Surgical Block opposite the Roman Catholic Chapel. It is a good-sized room with fine big windows, but it is not, however, big enough for the Library's needs, and is being enlarged. The books are kept in open steel shelves, which at present hold about 4000 books. Of these fiction is most prominent. There are as well sections of biography, history, travel, the classics, natural history, religion, poetry, and a large section of children's books, scrap-books and magazines.

The Library serves 575 beds. It does not go to the maternity, septic, children's or ophthalmic wards, although some of these wards are sent a supply of books from the Library monthly; these books are not reissued.

The 23 wards that are served are visited once a week on a specified day. There are now 20 librarians and two menders. The books that fall into disrepair are rebound with American cloth, which serves the purpose very well.

The books are taken to the wards in specially constructed trolleys, each of which hold roughly 100 books. The women's wards have mostly fiction, and "light love" is very popular. The men like thrillers, and they are also keen on sea stories, travel, sport, and sometimes political history. There are always exceptions to the general rule, and so it is wise to take a few classics, biographies and natural history, also scrap-books for the very young.

Each patient may have out as many books as he or she wishes, and they have them free. They very often express surprise at this, and all seem pleased to see the trolley arriving. Most patients choose their own books from the trolley, but a few prefer the librarian to choose for them. If anybody wants a special book or author, the librarian writes it down in a note-book, and sees to it that the patient receives the book the next week if possible, or even the same afternoon.

The average number of books given out per week during the last session was 688, but in March this year all previous records for a monthly total have been beaten by the distribution of 3804 books. It is interesting to find that the highest number of books were given out in medical wards, Dalziel of Wooler having 271, and Mary 261. Of the surgical wards the women beat the men by nearly a hundred, Abernethy having 217, and Rees Mogg 127.

The Library has about 5500 books at present, some being in store through lack of accommodation. It now no longer relies on the Red Cross Headquarters for money or the supply of books, although if a special book is required an application is sent to headquarters. The Hon. Head Librarian receives £4 per annum from the Hospital for the purchase of books. Books are also given by the Governors, doctors, sisters, patients and the librarians and their friends, while two of the librarians have a small sale each year, the proceeds of which go towards buying more books. Books in good condition are always needed, and should be sent to the Hon. Head Librarian, Red Cross Library, St. Bart.'s Hospital.

Recently Bart.'s Library had the honour of a visit from Her Majesty Queen Mary, when she was at the Hospital opening the new Medical Block. Her Majesty inspected the room and the books and asked the Head Librarian many questions, and she appeared most interested in all she saw there. Bart.'s Library is proud to be the first Red Cross Library to have had the honour and distinction of a visit from Queen Mary.

A DISEASE OF THE SPECIES

By J. D. O. DOUGLAS.

A CENTURY ago a rapid increase in the world population was threatening the world with poverty and starvation. To-day, a rapidly decreasing birth-rate threatens the human race with extinction. This fall in human fertility is a remarkable feature of modern times. It can be attributed to no single cause, and its arrest is a problem that no government has come near to solving.

Before the eighteenth century the population of Europe had varied about a mean value, increasing when harvests were good and decreasing in times of famine and disease. Towards the end of this century there was an increase in population due, in part, to progress in preventative and curative medicine which brought about a reduction of mortality, especially infant mortality. Further contributory factors were (a) an increase in the available means of subsistence as a result of the application of recently acquired scientific knowledge to agriculture and industry, and (b) an improving transport system which allowed famine in one area to be relieved by the produce of other parts. There can be little doubt that these economic factors, by decreasing malnutrition, tended to lengthen the child-bearing period of women's lives, and to increase the likelihood of their conceiving, thus leading to an increased fertility, especially marked among the working classes.

These medical and economic factors still exert a favourable influence on the growth of the community, but they have been unable to counter-balance a fall in the birth-rate which started in France in the middle of the last century, and in England a decade later. During the last forty years this fall in fertility has affected, to a varying extent, nearly all the countries of the world, especially those which are highly industrialized. In many countries in Europe and in colonies such as New Zealand and Australia, the birth-rate has fallen so low that the populations are not replacing themselves. In other countries, such as Italy and Russia, there has been a decrease in the number of births, but there are still more than enough babies produced to balance deaths. Whereas the fall in fertility primarily affected the rich and the intellectual, of late years all classes have shown a comparable decline, and there is now little justification for the fears of those eugenicists who foretold a world peopled by workers and degenerate but fertile members of the human stock. This is small comfort, however, when it is realized that, even if fertility remains at its

present level, the population of England, according to Kuczynski, may be expected to decrease after 1943 at the rate of approximately 25% each thirty years.

A galaxy of causes has been advanced to explain the diminution in human fertility. Only the more interesting of these will be discussed here.

From America comes a biological theory, originating with Dr. Raymond Pearl, based on experiments with fruit flies bred in the artificial universe of a milk bottle. It has been shown that the breeding rate of such flies is proportional to the density of the population. More specifically, the greater the number of flies the slower they breed. This rule has been shown to hold for other creatures such as goldfish, and many consider that it applies to human communities as well. In view of the fact that the fall in human fertility started in those classes which suffered least from both physical and economic overcrowding, it is hard to regard Dr. Pearl's experiments as anything more than interesting scientific observations.

The ubiquitous vitamins have been introduced by Prof. Drummond, who points out that at the time when fertility started to fall, the human race was deprived of its main source of vitamin E by the change from stone-ground to machine-ground flour. Such a deprivation, he asserts, would be enough to account for a great fall in fertility. It can only be granted subsidiary importance, however, since peoples who have never been addicted to stone-ground flour, such as the Japanese, have nevertheless suffered a decrease in fertility. It is also hard to explain why the vitamin lack should affect the rich before the poor. Vitamin E therapy, however, has proved very successful in certain cases of abortion and, since more males than females are aborted, would tend, if generally adopted, to bring about numerical equality between the sexes.

The feminist movement and the increasing consideration shown to women have also been blamed for the falling birth-rate. There is good reason to believe that the period of maximum desire in the female is one of low fertility, and any limitation of intercourse to this period would diminish the chance of conception.

The final and probably the most important cause is the increased knowledge and use of contraceptives. Many reasons have been given for the voluntary limitation of families by this means. There is probably little truth in those explanations which postulate a

concern for the welfare of the children, for it is just those wealthy people who can well afford to have many children who limit their families most drastically. There is every reason to believe that when children became a liability rather than an asset, as occurred after the reform of the factory laws, it was found that the desire for progeny could be adequately satisfied by one or two offspring. The resulting limitation of the family was, indeed, accompanied by an increasing regard for the welfare of the child, but undoubtedly the basic motive was a selfish one. The part played by contraception in causing the falling birth-rate is, however, still a matter of some discussion. It is enough to point out that the only state in the U.S.A. which has no laws against the sale of contraceptives has one of the highest birth-rates. It should also be remembered that the decline in fertility started in France—a country predominantly Roman Catholic.

There is a large body of opinion, especially in non-totalitarian states, which sees in the falling birth-rate a sign of returning prosperity. If there are fewer babies, it is argued, there will be fewer unemployed. This line of argument is clearly unallowable, for not only will a fall in the birth-rate not make the slightest difference to the adult unemployed, but it will rather add to their number. For example, fewer children need fewer prams, fewer sweets, and later on fewer schools, and will thus lead to decreased employment in the pram, sweet and schoolmastering professions. Even doctors will have their pockets affected, for fewer babies mean fewer fees. Thus in the economic sphere the result of the falling birth-rate will be to change the expanding internal market of the days of population increase into a contracting one. Industrialists will be faced with the alternative of enlarging their sales to those countries whose population is still on the increase; or of cutting down their expenses by wage reductions and the dismissal of unwanted employees. The first alternative will lead to a revival of imperialism, and the growth of fierce international competition for markets that may well lead to war. The second alternative will throw an added burden on the taxpayer, and at the same time make him less able to bear it. Since an increasing number of old people will be supported by a decreasing number of young, there will again have to be an increase in the taxation of the employed members of the community to provide the money necessary for pensions.

The most unpredictable of the effects of the falling birth-rate will be on the hierarchy of nations. It is hardly conceivable that England and France, with a declining fertility, will be able to retain the colonies they now possess. Nations such as Italy and Japan

with imperialist ambitions and a still increasing population may well be expected to wrest our colonies from us. In a world where wealth and prestige are based upon force, England, unless she can stabilize her population, must be prepared to take her place as a second-class nation.

Little alteration in the decline of the population can be expected from an increase in the number of marriages, or from any future reduction in mortality either before or after birth. Measures designed to arrest the fall in the birth-rate must therefore be based on a study of the considerations that cause parents voluntarily to limit their families. This is a neglected field of study, and there is much scope for research by psychologists practised in the technique of the questionnaire method.

Carr Saunders has classified the reasons for the limitation of families under the heads of medical, psychological, economic and social. Medical and psychological causes may be bracketed together, and include fears of the pains of childbirth, and apprehensions of the bearing of offspring that are monsters or mentally deficient. Misplaced genetic zeal has certainly played its part in the limitation of the family, and medical men may do much, by reassurance, to undo the damage of the over-popularization of science.

Economic considerations affect all classes, for even the wealthy wish their children to enjoy affluence and limit their families accordingly. Poorer classes see in the ranks of the unemployed a sure sign that the world is overpopulated and that their children are not wanted by the State. Wages and salaries, even in countries such as France, Italy, Belgium and Germany, favour the unmarried and infertile. Bribes to procreating in order to be effective would have to offset more than the cost of the child's upbringing, and even then would be relatively ineffective among the well-to-do.

Lastly, children are far from being a social asset. In the flat life to which so many people are condemned, no provision is made for large families. Continuous propaganda from neighbours, from films and from daily papers, teaches that children are a nuisance less to be desired than cats and dogs.

Measures penalizing bachelors and preventing the sale of contraceptives have shown themselves ineffective in arresting the population decline. With the discovery of the excellent spermicidal properties of common soap, birth control has been brought within the reach of all, and any attempt to control it will not only be ineffective, but will arouse a sense of tyranny. It will need a revolution in our mental outlook and in our social system to stop the retreat from parenthood. Unconsciously humanity is on strike, and only a reconstruction of the world will save it from self-extinction.

DAVID PITCAIRN

1749-1809

Being based on the Wix Prize Essay for 1938.

By E. M. ELMHIRST-BAXTER.

LITTLE is known of the early days of David Pitcairn, of his schooldays in Edinburgh, or the six years he subsequently spent at Cambridge. He came from a family of some antiquity in Scotland, and was the son of the Major John Pitcairn who was the first man to go into action against the rebel American colonists in 1775. One of David's brothers was the discoverer of Pitcairn Island, which was later to be occupied by Clark Gable in that tremendous soul-searing epic entitled "The Mutiny on the Bounty".

Within a year of taking his M.B. at Cambridge David Pitcairn was full physician to St. Bartholomew's. This was a magnificent opening to his career, and may not be completely unrelated to the fact that his uncle was President of the College of Physicians, and had unblushingly resigned from the staff in order to give place to his nephew. Among other duties this appointment carried the responsibility of giving a number of lectures to the students of medicine.

It was during such a series of lectures that Pitcairn is believed to have pointed out his observation that valvular disease of the heart was a frequent result of rheumatic fever. The *Dictionary of National Biography* says that this discovery was first attributed to him by Dr. John Latham in his book on *Rheumatism and Gout*, published in 1796. Actually in this book there is no mention of cardiac lesions, nor of Pitcairn. A book by Francis Hawkins (*Rheumatism*, 1826) contains the following passage :

"It is by no means one of the least remarkable circumstances in the history of medicine, that it should have been reserved for Pitcairn, in the latter end of the last century, first to observe the tendency which rheumatism has to attack the heart and pericardium."

This immensely important connection between the two conditions which had always been considered separate entities seems to have been observed by others at much the same period, but whether before or after Pitcairn's teaching it is impossible to say, since no date can be given to his lectures.* Corvisart, in France, threw out a suggestion that rheumatism and gout might be a cause, amongst others, of adherent pericardium. He also noticed that such a diseased pericardium was

more common in France in the tumults and deprivations of the Revolution. Perhaps in reality he was observing the liability to rheumatic disease of the heart in those deprived of vitamin C—a liability which Rinehart and Mettier have "rediscovered" within the last few years!

Another and more accurate description was given about this time by Dr. Beddoes, who recorded the following in his commonplace book: "There is a degree of Rheumatism, semi-acute, no redness of joints, but some fever, and much pain, in which there is prodigious dyspnoea. Here seems to be some weakness of the muscles of respiration, which the Heart partakes of: and under these circumstances I suspect the Heart readily enlarges; having known instances of such rheumatics labouring under enlargement of the Heart."

It was Matthew Baillie who insisted that Pitcairn was the original discoverer, and few of his articles or books on the subject refrained from mentioning the name of his friend. To take an example from Baillie's notes: "In some young persons palpitation depends upon an enlargement of the several cavities of the heart, produced not infrequently by rheumatism attacking this organ. This cause of enlargement was overlooked by the physicians of this country, till it was discovered by the sagacity of my esteemed friend Dr. David Pitcairn."

At his death it was said: "He was the first who took notice of the connection between Rheumatism of the external parts of the body, and a certain affection of the heart, which he hence called rheumatism of that organ. Since it was mentioned by him, numerous examples of it have been seen by others, which puts the justness of the observation beyond doubt; though no trace of it exists in any author prior to Dr. Baillie, to whom he had communicated it."

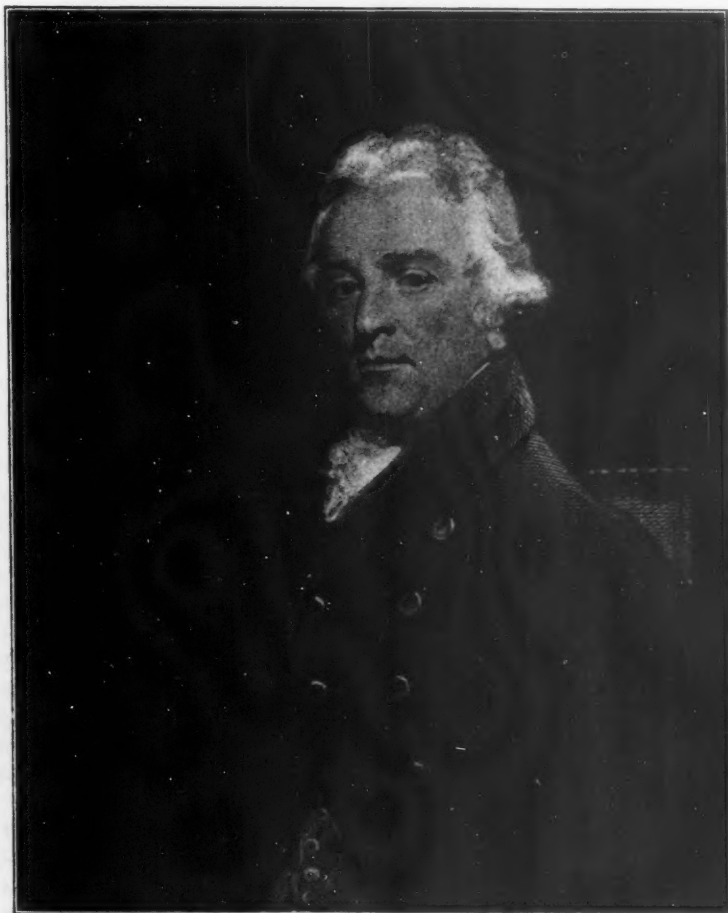
Whether Pitcairn really was the original observer is of no real importance as compared with the fact that he must have reached his conclusions by himself; and even if this distinction must be shared with his contemporaries, it in no way diminishes the amount of credit which is due to him. In 1715 another physician of Scotch extraction, James Douglas, had heard a systolic murmur due to aortic valvular disease which he saw after the patient's death. He also was at St. Bartholomew's when he made this observation, and thus the two great cardiac discoveries of the century were both made

* It has been suggested that it was about the year 1788.

within the walls of one hospital, and by men of the same nationality. And the art of auscultation had not yet been introduced to the world by Laennec.

It was probably during these early years at the Hospital that Pitcairn found time to return to Scotland with Dr. Fordyce. In Glasgow they spent a great deal of time cataloguing the vast number of specimens in Hunter's

The list of the collection which follows is not confined to mere numbers and descriptions. No student could have resisted attempting to see a specimen so alluringly labelled as "Stricture of the Colon, about three inches. Lord T—. Above a year's standing—Dreadful case—(Dr. H.)". The present-day museums are the poorer for the absence of "One of the tonsils of the Elephant,



DAVID PITCAIRN.

Anatomical Museum. Hunter had died without a correct catalogue ever having been made, and the list which was subsequently printed is the only publication to which the name of David Pitcairn is attached :

"The following catalogue is, to the best of our knowledge and belief, a true catalogue of the Anatomical preparations left by the late Dr. Hunter.

"G. FORDYCE.

DAVID PITCAIRN.

W. COMBE."

very curious", or "The Kidney of the Porpoise injected green". As an addendum was solemnly added "A considerable oblong piece of slate ; said to have passed from a Boy's bladder ; (an Imposition)".

Three years after his election as Physician to the Hospital, Pitcairn became the medical attendant of the Prince Regent, who was newly released from parental control, and who was setting up his own household. Pitcairn now obtained his M.D. degree from Cambridge, to obtain which any candidate "must

explain publicly in the Physick School a whole book of Galen in six extempory, or at least three written lectures, each of which he must be an hour in reading".

It is an extraordinary fact that throughout his life he never wrote a single article which was printed; especially strange at this period, when medical men were rushing into print at the slightest excuse. The loss which the medical world suffered through this refusal to write cannot be estimated, for during all those years of busy hospital and private practice he must have come to many conclusions and made many observations which his successors would have been the better for knowing.

When some of his friends tried to persuade him that, with all his experience, he must have a great deal of information that would be best on paper, he cynically retorted that he did not wish to be obliged to write still more in seven years' time in order to contradict his present opinions.

The death of the famous Dr. Warren in 1797 permitted Pitcairn to reach the zenith of his prosperity. He was the unchallenged leader of his profession in London, not merely the "fashionable" doctor of the time. It is significant that it was always he who was called in by any of his colleagues in difficulty.

In the autumn of this same year he fell from his horse and was badly shaken up, bruising his left side severely. Shortly after this he began to notice that his heart seemed to be beating too violently, and this worried him considerably, since one of his brothers had suffered from similar palpitations and a post-mortem showed a pathologically enlarged heart. Pitcairn nevertheless continued work until February of the next year, when he had a hæmoptysis, which recurred a few months later.

These hæmoptyses, combined with the condition of his heart, not unnaturally made him more disturbed, and in the autumn he decided to take a holiday—one of the first in his life. In September he sailed for Lisbon, since there was then no danger from marauding French ships, their naval power having been broken by Nelson at the Battle of the Nile the month before. The combination of enemy ships and the prospect of the Bay of Biscay in a sailing craft would have been enough to deter any man.

For eighteen months he remained in Portugal, at the end of which time he had decided that he could stay abroad no longer, and in May, 1800, he sailed for England. On his return his friends found him apparently no better. He still complained of his heart, and his tall figure had grown thin—a fact which his erect bearing seemed to emphasize. Once back again his interest in his work revived, and by the end of the year he was once again receiving patients at his house and

was looking much fitter. Before long he was leaving his house to attend consultations, and at length he had entirely regained all the professional ground he had lost. For the rest of his life, however, he always took a holiday of four months in the winter, when he would go to one of his houses in the country.

After two years of comparative health his heart once again began to give him trouble, and he decided to treat himself by abstemious living. For several years he would drink nothing stronger than water, and resolutely avoided all meat. Two years before his final illness he once again began to eat meat, and at the close of 1808 his friends remarked to him that he had never looked better in all his life. Though he was so careful in his diet, he was not so attentive to the amount of work he forced himself to do. It is said that several times in the cold spring of 1809 he got out of bed after midnight and drove twenty or thirty miles before morning in order to visit a patient—no light feat when the state of the roads and the type of carriage are taken into account.

In the spring of 1809, whilst living in Craig's Court, Charing Cross, he had a particularly bad attack of what he thought was quinsy. On April 15th he went to bed, had a blister applied over his throat, and was bled at his own desire. This treatment, which had previously been efficacious, seemed to make him no better, and the next day his closest friend, Dr. Baillie, called on him, not knowing he was ill. To use Baillie's own words:

"He was then lying upon his left side, in some degree across the bed, and spoke thickly from the swelling in his throat. His skin was hot and his pulse frequent but not hard. He had been bled copiously by his own desire, and the blood was very buffy. He had also taken some opening medicine and had applied a blister to his throat. The blister, however, had occasioned so much irritation that it was taken off before it produced its full effect. He did not consider himself to be in danger, and I thought that the disease was nothing but what he had often experienced, with a little more than its usual severity."

Baillie called again at eleven the next morning, "and found him sitting up; but his countenance was very pale, his pulse feeble and unequal, and his voice almost lost. There was some difficulty of breathing but this was without any particular noise or spasmodic character belonging to it. He had, however, an uneasy feeling in the larynx and he wrote down with a pencil on a piece of paper, that his complaint was to be considered as croup. When the parts in the throat and mouth were inspected the tongue was found to be very much swelled and the under surface of it was exceedingly red.

The velum pendulum palati was also red and swelled ; from the thickness of the tongue, the tonsils could not be seen distinctly. The velum was incised but no pus appeared. I called myself between four and five in the afternoon and found him in bed. His pulse was then regular and not deficient in strength. He was breathing with difficulty and was a little drowsy, but his countenance was expressive of less distress. He thought himself, and I also thought him, somewhat better. About eight o'clock in the evening he became suddenly worse and in less than half an hour afterwards he died."

It is easy to be wise after the event but, from the distance of more than a century and a quarter, it seems almost criminal that a tracheotomy was not performed. Baillie himself may have realized this afterwards and suggested that it should be tried in future.

An autopsy was performed two days later by Sir

Benjamin Brodie in the presence of Matthew Baillie, Everard Home and W. C. Wells, and œdema of the glottis was demonstrated. "The mouth of the larynx is so much narrowed that the vital functions are actually extinguished by the stricture. And yet the apparent inflammation in the throat is so inconsiderable that it would hardly be noticed."

And so he died at the age of nearly sixty. A good, kind and unassuming man who "was particularly fond of the Scottish game called Golf which took him amongst all sorts of people". But in spite of all this indisputable virtue (which was allied to a good native commercial sense), he cannot be regarded as other than pathetic, for all he left to show he had ever existed was a lot of money, a third part of a museum catalogue, and a fulsome memorial in a village church in Hertfordshire.

BRITTANY

PERHAPS the person most surprised at my going into Brittany was myself. Since I had first mooted the idea of a solo-walking tour in a strange land I had been alternately encouraged and deterred. Glorious sunshine and pelting rain, fascinating novelty and intense boredom, good food and typhoid fever, were alternative pictures placed before me. Amateur psycho-analysts read deep lesions in my refusal of a companion, while sentimentalists wove phantasies of unrequited love. I landed at St. Malo and turned my back on English ways to find the depressing pictures false. I was the guest of a hospitable people, and even the elements co-operated to make me welcome.

Themselves descendants of Celts from Wales who retreated thither under the pressure of invasion, the people have also an admixture of Spanish blood, while in the Pont l'Abbé region a trace of Mongol blood is evident. Here also the women wear a head-dress of Mongol origin, the "bigouden": a cap about a foot high, of elaborately embroidered linen perched on the crown of the head and supported by chin-straps. At Pont l'Abbé too, until very recently, it was common to loan or exchange one's wife. I played delightful games of "snap", which consisted of my saying a Welsh word of which they tried to find the Breton equivalent, or they would give a Breton word which I would try to match in Welsh. I was amazed at the close parallels between nouns, but verb conjugation is so different that when we tried to extend the game to phrases the system failed.

The people in the country are embarrassingly generous, although in the St. Malo district "tourist fleecing" has spoiled them. Two instances of their kindness I recall vividly; one at an inn where I asked for Vichy water; being unable to provide this Madame offered me a bowl of milk. When I offered to pay she said, "You must not pay since it was I who offered it to you. Remember also that next time you pass there will be another bowl of milk for you". The other occasion was at a farm, poor in appearance, with a floor of beaten earth and with old-fashioned "lit-clos". Here I was offered sour milk to relieve my thirst, and when I asked how much I owed the host said, "If you are too rich put it all in my hand. If you are not too rich, keep your hand in your pocket".

At five o'clock every evening I became a fluteless Pied Piper, for at that hour I used to overtake children going home from school. Eager to learn more about this queer creature, they would trot beside me, telling me their names, their age and what they had learned at school, dropping behind only when tired. Of sterner metal however was Pierre, aged five. He kept up a curious jog-trot with me for over a mile and cross-questioned me exhaustively as to how I got stones out of my shoes. He was too young to undo the buckles of his, he said, and wondered how I managed with no one to unlace mine. He took a long time finding out.

Walking along the major roads was very tedious. Each consisted of a strip of macadam with a dust pit

along each side and a grass verge. At fifty-foot intervals were dumps of small stones, and these usually had been tipped on the shady side. Thus just as one had got into the rhythm of walking on the grass a deviation had to be made into the dust. The only alternative was to walk in full sunlight. France has nothing like the British ordnance survey maps with footpaths marked, and only on two occasions was I rash enough to explore the byways, one leading me to fight a retreating battle with some form of stag hound, while the other, after numerous culs-de-sac and impenetrable hedges, brought me just a hundred yards ahead of my starting-point after half an hour's hard work.

Scenery is very mixed. Particularly worthy of mention were the walks along the seashore, along the cliffs, and especially in the forests, when the air was charged with the resinous scent of pines. Above Quimper a twisty road clings to the side of the hill and gives panorama of the distant city sleepy in the haze, the twin spires of the cathedral rising into the sky. A curious feature of this cathedral is the deviation of the chancel from the line of the nave. As the primitive church developed its transepts as housing for extra chapels, the pious saw in its outline the form of the cross. Extending this mystic symbolism the rose window, the ancient solar disc, became the crown of thorns, and the central spire the spear; here ingenious builders inclined the chancel to the nave to represent the drooping head of the dying Christ. Apart from its architecture and a large quantity of medieval stained glass, for catholics Quimper Cathedral has objects of especial veneration, including a hair of the Blessed Virgin and a fragment of the veil of her mother, St. Anne. Breton tradition has it that St. Anne was the wife of a local chieftan who so ill-treated her that she fled to Palestine, making the perilous journey by sea in a pigs' stone feeding-trough.

Apart from their more solid beauty the churches of Armorica are always delightful for their perfume. The statues are daily adorned with fresh flowers, and the air is redolent with the heavy sweetness of lilies.

Perhaps the most unexpected thing I saw on the

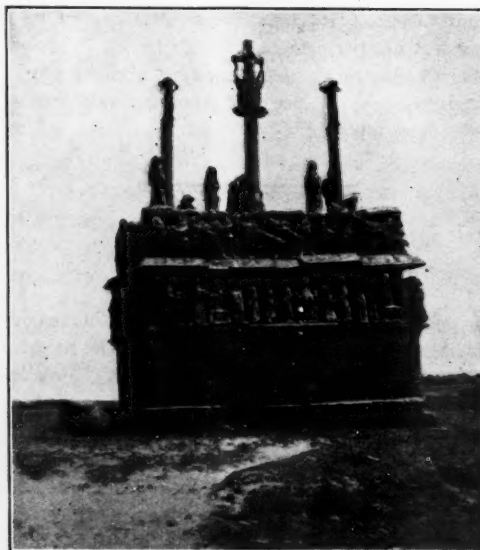
whole journey was the complete field of the sinister side of the Hospital Arms, sable, chevron argent, graven on a roofboss in Triogat Church. No period is unrepresented in Brittany. Carnac has alignments of stones of whose origin none but the guide can tell. Marble Roman horses prance in Quimper, while each succeeding age has left some monument, from the Town Walls of Dinan to the statue of the Bigoudens at Pont l'Abbé. There are anachronisms, however. In bronze, Laennec, inventor of the stethoscope, sits in the shadow of a medieval cathedral. A massive Bretonne wearing the

elaborate *coif* of Pont-Aven sat in front of me in a cinema, and I visited a hospital where the ward sisters are nuns who avert their eyes when talking to a man. I saw a Landudec lady riding to Mass, with one hand keeping her head-dress from being blown away, and with the other guiding her bicycle. In an omnibus near Lorient a Vanneoise was speaking Breton to a priest who had lived in England. Round the sacred fires on the Vigil of St. John the company sang the latest jazz hits.

I should like to add a few words on the war memorials. These bear witness, not so much of the dead, as of the sorrow of the living.

Parents, widows, orphans, graven in stone, symbolize the mourning of the people. At Plozevet, besides a menhir, stands the statue of an old man who lives in the town still. Once he had five children, five sons. The war came, and the old man mourned five times, once for each dead son.

A few practical details may be useful. The French youth hostels are mixed in character and rather far apart. I slept in seven, and they varied from a chateau to a single room. The ground floor of the chateau was occupied by cattle, the first floor by a peasant family, and the second floor by a few hens and by me. The single room served as kitchen, scullery, dining-room and dormitory. At Plozevet I slept in the gallery of the local dance hall. Dinan has a shower-bath in working order, and Isogouet a bathing lake. Hotels are cheap. A bed for a night cost about 1s. 6d., including clean sheets. In the towns a five-course dinner costs 1s. 3d.



A VILLAGE CALVARY.

In the country one can eat simply but adequately for 8d. per meal.

If you go, go alone. Two of you become a foreign colony and everyone fights shy of you. If you are alone

everyone talks to you and you cannot be lonely. If it bores you to watch beetles in the grass and birds in the trees, take a bicycle.

T. H. E. R.

CORRESPONDENCE

THE CAUSES OF DISEASE

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—Your contributor "E." in an article entitled "Religio Juvenis" (JOURNAL, September, p. 296) writes:

"The causes of organic disease are not bacteria, but the conditions which allow the organisms to invade the human body—slums and malnutrition, unemployment and overwork, feeble stock, poor education in the essentials of living and over-emphasis of the superficialities."

I hope I may not seem to be taking too seriously what is after all only an incidental point in his argument, but I am afraid that some of his readers may swallow, along with what may be excellent philosophy, a little biology which is quite false. I hope also that I may never discourage anyone from seeking the origins of disease beyond what appears to be its immediate cause. There is nothing more short-sighted in medicine than to suppose that a micro-organism found at the site of some disease is necessarily responsible for it, and a good many of the chronic infections we see in this Hospital, even some of the acute, are doubtless traceable to vitamin deficiencies, mechanical obstruction, lack of sunlight or ventilation, or other such avoidable defects. But the statement I have quoted can only mean that a man in perfect health would consequently be immune against all infections, and this is not true. The most abundant health would be no protection against smallpox, diphtheria, typhoid fever, malaria, or any of a large number of other diseases caused by what are called "obligatory" as distinct from "facultative" parasites. There are, of course, ways of producing the specific immunity which alone protects against some, though not all, of these infections, and "E." may include such measures in his programme of reform, but he does not say so. He may also have in mind preventive measures directed to the extermination of pathogenic bacteria, but unless these include the universal sterilization of cultivated soil, it will still be possible for his ideal man to get tetanus if he injures himself in the garden.

"E." may like to think that all disease is a penalty for transgression against natural laws. If it is, which I doubt, then neither he nor anyone else knows what some of those laws are. That the most highly organized of living creatures should be the natural prey of some of the most primitive is one of the greatest mysteries in the whole of biology, and nothing will be gained towards understanding it by placing undue blame on the victim and the manner in which he lives.

I am,
Pathological Department,
St. Bartholomew's Hospital,
London, E.C. 1;
September 19th, 1938.

Yours faithfully,
LAWRENCE P. GARROD.

THE DOCTOR'S DRESS

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—May I draw the attention of the readers of this JOURNAL to a matter which, I think, affects all of them, especially during the summer months.

On one of the hot days of last summer when it was also very

close, I was working at College when I was approached by one who reprimanded me in the strongest terms for wearing an open-necked shirt. What struck me most forcibly was the perfect sincerity of the gentleman in question. The matter to him was one of ethics. Wearing a tie was more or less equivalent to doing a good deed, whilst going about without one was a heinous and degrading offence.

There are many others who think the same, although the fallacy of this belief is obvious. I do not intend, however, to discuss this point here, although it is of importance, but to make a plea for reason in the matter of dress.

Clothing should be (1) comfortable, (2) protective, (3) hygienic, (4) convenient, i. e. pockets. On a hot or close day I maintain that the clothing more or less enforced on business and professional men, and in fact, upon all "respectable" people generally, is neither comfortable nor hygienic, whilst its protective qualities are made use of by bacteria and the like.

I have spoken to the several doctors of my acquaintance, all of whom have told me of the intense discomfort they experience during hot weather due to their having to wear "proper" clothing. How on earth can a man concentrate on the job in hand when he is feeling extremely uncomfortable? What is the hygienic state of the doctor who is continually running his fingers round his collar, wet and sticky from his perspiration?

When it is hot the body sweats in an endeavour to get rid of excess heat by evaporation of the sweat. When a necktie is worn the ventilation which would bring about this effect is absent and hence the body becomes wet, hot and sticky, and the individual becomes irritable and cannot settle down to his work. This is pure physiology, and I imagine Professor Hartridge could make out a powerful case for dress reform.

Most students, I find, agree with my contentions, but do not put them into practice as "it is not the thing". It is not realized that fashions change because someone does the changing.

The medical profession is, above all others, suited to lead the campaign for sensible dress, and there is no reason why Bart.'s should not start the ball rolling. I know there is a tremendous weight of opinion ready to back up the views expressed above, and I rather hope that some official gesture will be forthcoming.

Yours faithfully,
25, Mount Pleasant Lane,
Clapton, E. 5. H. ISENBERG.

THE REVIEWING OF POETRY

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—I have no wish to reopen the regrettable discussion as to the anonymity of your book reviewers; I do wish, however, to remonstrate gently with the gentleman who has seen fit to air his views on poetry, its writers, and the methods of its writing, under the guise of a review, headed "Poetry of a West Indian", in your issue of last month.

This effort, I must confess, put me slightly out of temper with its author, in the first place because he has not written a review, but a critique—a distinction which appears to have eluded him. In

the second place, because he has devoted about a third of this pearl to the instruction of his presumably bucolic readers in the elementary development of the genus poet. And in the third place, because the greater part of his "review" is in the vein of the master, unbending for a moment to instruct a backward disciple, rather than that of a reviewer giving his readers an unbiased appreciation of the work before him.

It may be that I do him an injustice; he may be a considerable "homme de lettres" for all that I know, but it scarcely appears probable that a man who had read widely of the poets, especially of the more modern poets, would presume to dogmatize as he does.

"There are two classes into which all poetry writers can be divided . . ." says he in his opening lines, and later:

"The poetry of adolescence all the world over is basically similar . . ."

The "reviewer" has but to read the work of some of the young unfortunates of the late war, Brooke, Ledwidge, and the like, to perceive the fallacy of his "adolescent morality-poetry" theory. Further, if he will read a little of Thompson, of Blake, or of George Russell, he may change his mind still further in this respect, and observe that the struggle to harmonize with one's surroundings is almost an integral part of the make-up of every poet, no matter what his age or eminence.

One tends to think that the gentleman is probably either a sculptor or a dauber, since his opinion of poets and poetry seems so low. He speaks of those who write until the passing of adolescence and then "wisely desist", and of those who, heaven alone knows how, have achieved his own maturity, "and still find poetry the necessary medium for their expression".

The writer extends his contempt even to the realm of punctuation, this effort: ". . . in his rough copy book as interest for himself and material to learn from rather than so early to commit them all to print", being a very fair example of his hauteur in this matter. I would recommend him to a course of A.P.H., who would improve his punctuation, widen his outlook, and would not, I feel, tolerate the word "preciousness," where "precocity" would be so great an improvement.

In short I wonder that the author has stooped to instruct us in these matters, and to correct and advise the unfortunate Calvin Lambert in his work, without first seeing to the beam in his own eye—and wish he had spared himself the condescension.

Yours faithfully,

M. W. L. WHITE.

St. Bartholomew's Hospital,
London, E.C. 1;

September 15th, 1938.

Mr. White's letter has been shown to the reviewer of "Poetry of a West Indian," who replies as follows:

DEAR SIR,—In his gentle remonstrance to my review of the "Poetry of a West Indian" Mr. M. White accuses me of one major crime, and sundry peccadilloes, misdemeanours and inaccuracies.

"The review," he writes "is in the vein of the master, unbending for the moment to instruct a backward disciple, rather than that of a reviewer giving his readers an unbiased appreciation of the work before him."

I regret any impression of patronage that may have been caused by my review—that at least was unintentional. But to demand an unbiased appreciation of a book of poems is patently absurd. Mr. White apparently thinks that a poem can be assessed and criticized in much the same way as a new medical treatment. Unfortunately statistical standards are not yet used in poetry. The best that a critic can provide is an honest personal opinion.

It is precisely because such criticism is bound to be biased that I wrote a critique rather than a page-to-page review. The general premises from which I approached Mr. Calvin Lambert's book are

set out for the benefit of those who disagree with them. With success apparently. For instead of condemning Mr. Lambert from the mouth of an unknown critic, they can shake their heads sadly over the ignorance of the reviewer and read the book for themselves. And after all what better?

I beg to remain both innocent of punctuation and your humble reviewer,

MARTIN WARE.

St. Bartholomew's Hospital, E.C. 1;

September 16th, 1938.

UNIVERSITY OF LONDON O.T.C.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—Under the existing international tension discussion has been turning everywhere as to how we, as medical men—qualified and unqualified alike—may best serve our country. In the nature of our profession it must be clear to each of us that the work of both military and civil medical services are equally important.

At this juncture, however, I would crave a small amount of your space to point out to those who feel mere acquiescence to civil medical authorities not to be a sufficiently concrete expression of their patriotic feelings that, in the U.L.O.T.C. (Medical Unit)—a unit of the Territorial Army—there lies a means of fitting themselves the better to back up those of our fellow countrymen who may at some time be called to the defence of the Empire; the which Heaven forbid.

I shall be pleased to give further particulars to any of your readers at any time, and to welcome them at our lectures in the Pharmacology Lecture Theatre, Charterhouse, on Mondays at 5 p.m.

I beg to remain, Sir,

St. Bartholomew's Hospital,

London, E.C. 1;

September 19th, 1938.

Yours truly,

D. W. BOATMAN,

O.-Cdt. S/Sgt.

THE WELLCOME MUSEUM OF MEDICAL SCIENCE

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—I still come across a certain number of senior students who express regret that they did not discover the above Museum at an earlier stage in their career. They are even inclined, sometimes, to be resentful and blame me for the oversight. Lest I be culpable in this respect, may I once again—after an interval of two years—state what this Museum has to offer to your students?

(1) It presents a graphic picture of clinical medicine in all its branches. By means of specimens, models, photographs and drawings, it summarizes the ætiology, pathology, symptomatology, treatment and prevention of each disease. It, therefore, differs fundamentally from the ordinary pathological museum.

(2) It moves forward. As far as possible each Section is kept up to date. Of special value are the classified cuttings which are found in every Section showing the latest work on the disease under consideration.

(3) It deals with most diseases met with in this country and also abroad.

(4) It is of special value to senior students and men engaged in post-graduate studies. It presents a teaching system which integrates the various subjects included in the medical curriculum. It helps the student to take a broad view of medicine.

(5) A short visit will certainly prove of interest, and will quickly enable the student to judge for himself whether the Museum is likely to be of use to him.

Yours faithfully,

S. H. DAUKES, M.D.,
Director.

August 25th, 1938.

SPORTS NEWS

EDITORIAL

The winter is come, the summer is past and gone, and our minds must turn to winter games, and more particularly to the executive side of these activities.

Chislehurst, for the first time, will be in full swing, and the new Rugby football stand lies in wait for an eagerly anticipated increase in the Saturday "gate".

Well, we have the accommodation, and we have very pleasant support for most of the clubs of the Union. Here, however, is the rub: we suspect strongly that there are many men who are hiding their lights under the communal bushel of timidity. By this rather abstruse remark we mean that many people, who would otherwise play games, find that they are not put down to play—they are, in fact, not on the playing strength of their club.

The purpose of this editorial, then, is to tell these modest people that if, when the weekly teams are put up, they find that they are not getting a game, they will communicate with their secretary, every effort will be made to organize extra games for them.

Further to the above remarks we must add the obvious rider—a many times told tale—with reference to regular, or fairly regular players: **Cross off Early**, and think of someone other than yourselves for once. The carnage amongst secretaries, and the annoyance to those who would have otherwise played, caused by the slackness of the blithe Saturday morning refusal to play is difficult for the offender to imagine.

So here's to a game for everyone who registers his wish to play, and to a good season for every club.

THE PANELS AT CHISLEHURST

Below will be found lists of the winning sides that will be inscribed on the panels at Chislehurst through the generosity of the Dean. The Secretaries of the Students' Union add this paragraph:

"The Council of the Students' Union take this opportunity of thanking Sir William Girling Ball on behalf of the students for so kindly offering to instal at his own expense a number of panels on the walls of the Pavilion at Chislehurst, on which, at his suggestion, will be inscribed the names of members of Inter-Hospital Cup-winning sides since 1919, representing those clubs which will use the ground at Chislehurst, namely, Rugger, Cricket, Soccer, Hockey, Tennis, Athletics."

The list here appended is intended to be complete. If there are any discrepancies or mistakes of any kind, it is hoped that the Editor will be notified as soon as possible.

R. HEYLAND } Hon. Secs.
R. A. HALL }

1922
Soccer

R. W. Savage.
A. C. Dick.
G. H. Cagiet.
J. Parrish.
E. Coldrey.
L. B. Ward.
E. I. Lloyd.
J. A. Morton.
E. A. Ross.
A. E. Lorenzen.
H. L. Oldershaw.
G. R. Nicholls.

1923
Athletics

H. B. Stallard.
J. W. D. Buttery.
H. G. Stanton.
W. S. Hinton.
W. G. Scott-Brown.
A. Clark.
J. C. Ainsworth-Davis.
J. D. Hosford.
R. D. Reid.
G. H. Day.
P. R. Viviers.

1924
Rugger

G. W. C. Parker (Capt.).
A. Carnegie-Brown.
Melbourne Thomas.
A. W. L. Rowe.
W. F. Gaisford.
A. E. Beith.
J. W. Buttery.
R. H. Bettington.
W. S. Morgan.
L. C. Neville.
M. G. Fitzgerald.
T. P. Williams.
H. McGregor.
P. O. Davies.
E. S. Vergette.

1925
Soccer

A. Clark.
J. Parrish.
W. A. R. Mailer.
J. R. Crumbie.
J. Huntley.
E. N. Jenkinson.
R. W. Dunn.
A. M. Gibb.
L. Oldershaw.
L. B. Ward.
G. Wroth.
L. A. P. Slinger.

1927
Rugger

R. N. Williams (Capt.).
C. R. Jenkins.
A. H. Grace.
W. F. Gaisford.
R. H. Bettington.
H. W. Guinness.
J. R. Jenkins.
W. M. Capper.
V. C. Thompson.
H. G. Edwards.
H. D. Robertson.
G. F. Petty.
J. H. Taylor.
J. F. Beilby.
C. B. Prowse.
M. L. Maky.

1930
Rugger

J. T. C. Taylor (Capt.).
B. S. Lewis.
V. C. Thompson.
R. N. Williams.
J. A. Nunn.
C. B. Prowse.
J. R. Jenkins.
E. M. Darmady.
H. D. Robertson.
R. Mundy.
J. D. Powell.
G. F. Petty.
D. M. E. Thomas.
G. T. S. Briggs.
J. Ryan.

1925
Cricket

R. H. Bettington (Capt.).
N. E. Cook.
R. R. Fells.
W. F. Gaisford.
H. W. Guinness.
H. L. Hodgkinson.
N. A. King.
K. W. Mackie.
M. L. Maley.
M. R. Sinclair.
G. C. Woods-Brown.

1925
Athletics

H. B. Stallard.
J. R. Beagley.
T. R. Griffiths.
W. S. Hinton.
J. D. Buttery.
G. H. Day.
C. K. Lakshmann.
P. R. Viviers.
M. R. Sinclair.

1929
Hockey

P. M. Wright.
H. L. Hodgkinson.
W. F. Church.
R. T. Davidson.
L. P. Jameson Evans.
M. S. Fordham.
J. H. Hunt.
A. D. Iliff.
E. J. Neill.
J. W. C. Symonds.
F. C. H. White.

1930
Cricket

W. M. Capper (Capt.).
A. R. Boney.
J. E. A. O'Connell.
J. A. Nunn.
W. H. Gabb.
G. D. Wedd.
J. D. Anderson.
C. L. Hayshunker.
F. E. Wheeler.
R. G. Gilbert.
I. N. Fulton.

1930**Soccer**

R. Slackman.
F. E. Wheeler.
H. J. Roache.
R. G. Gilbert.
C. M. Dransfield.
R. McGladdery.
W. Hunt.
C. A. Keane.
A. W. Langford.
J. Shields.
R. A. Wenger.

1932**Cricket**

J. A. Nunn (Capt.).
W. H. Gabb.
J. B. Bamford.
G. D. Wedd.
A. R. Boney.
R. Mundy.
C. L. Hayshunker.
G. T. Hindley.
B. Rait-Smith.
F. E. Wheeler.
G. V. H. Wade.

1934**Soccer**

T. O. McKane.
P. J. Hardie.
H. Knowles.
D. R. S. Howell.
J. W. B. Waring.
W. A. Owen.
R. G. Gilbert.
N. H. Bloom.
C. M. Dransfield.
P. A. K. Brownlee.
R. C. Dolly.
C. N. Burnham-Slipper.
A. H. Hunt.
W. M. Maidlow.
G. R. Royston.
C. G. Nicholson.

1936**Cricket**

R. Mundy (Capt.).
F. E. Wheeler.
W. M. Maidlow.
D. J. A. Brown.
R. Heyland.
J. North.
A. H. Hunt.

1931**Hockey**

J. H. Hunt.
A. D. Iliff.
R. T. Davidson.
C. L. Hayshunker.
G. T. Hindley.
H. L. Hodgkinson.
C. A. Hinds Howell.
J. Lockett.
K. W. Martin.
V. C. Snell.
P. M. Wright.

1933**Athletics**

J. G. Nel.
J. B. Youngman.
C. P. Reilly.
W. H. Jopling.
J. W. Perrott.
T. P. Storey.
J. R. Strong.
K. O. Black.
H. W. Rodgers.
J. Smart.
G. A. S. Akeroyd.
K. W. Martin.
J. Shields.
G. D. Wedd.
C. M. Dransfield.

1934**Athletics**

J. G. Nel.
K. W. Martin.
B. B. Botha.
D. B. Fraser.
G. D. Wedd.
J. Smart.
C. M. Dransfield.
C. P. C. Reilly.
K. O. Black.
G. T. S. Williams.
O. Garrod.
E. E. Harris.

SWIMMING CLUB

Local lad makes good! Though the season is finished, we feel that it should be brought to your ears that we have one who bids fair to emulate the lamented R. J. C. Sutton's deeds. C. R. P. Sheen has been winning all kinds of things. He has retained the Universities Athletic Union Long Distance Championship in record time, won the Ouse $\frac{1}{2}$ Mile Championship, the Portsmouth Pier-to-Pier and the Brighton Pier-to-Pier Races. In addition he was second in the Welsh Open, the 1000 Metres at Ramsgate, and the Southern Counties Mile Championship, each time just losing to Deane, the English Olympic swimmer. All power to his elbow.

We regret to say the rest of the team have been indulging in other troubling waters.

FENCING So far the following fixtures have been arranged for the season 1938-39 :

1938.				
Oct. 22	v. London Hospital F.C.	3 F.E.S.	H.	
Nov. 5	v. Whitgift School F.C.	4 F.3S.	A.	
" 12	v. University College F.C.	3 F.E.S.	H.	
" 19	v. Guy's Hospital F.C.	3 F.E.S.	A.	
" 26	v. St. Thomas's Hospital F.C.	3 F.E.S.	H.	
Dec. 3	v. Dulwich College F.C.	4 F.3S.	A.	
" 10	v. Whitgift School F.C.	4 F.3S.	H.	
" 12	v. Croydon (S.M.) F.C.	3 F.E.S.	A.	
1939.				
Jan. 21	v. Highgate School F.C.	5 F.	H.	
" 28	v. London Hospital F.C.	3 F.E.S.	A.	
Feb. 4	v. Croydon (S.M.) F.C.	3 F.E.S.	H.	
" 9	v. St. Thomas's Hospital F.C.	3 F.E.S.	A.	
" 18	v. University College F.C.	3 F.E.S.	A.	
" 25	v. Guy's Hospital F.C.	3 F.E.S.	H.	
Mar. 10	v. Croydon (S.M.) F.C.	3 F.E.S.	A.	

It is hoped to start the usual Thursday instruction evenings as early as possible in October. Any Freshmen who are interested are invited to make themselves known in the Gymnasium at Charterhouse any Thursday after 5 p.m., or to see the Hon. Sec. at the "Freshers' Tea" held in October.

ATHLETIC CLUB BALL

The United Hospitals Hare and Hounds and Athletic Club Ball is to be held at the Hotel Great Central on Thursday, October 13th. The Wharncliffe Rooms accommodate over 1000 in the main dance hall; in addition the Winter Gardens and adequate buffet and bars, licenced till 2 a.m., will be available. Marius B. Winter will personally conduct his band.

Tickets, 5/6 single, 10/6 double, may be obtained at the cloak-rooms or from the officers of the Athletic Club.

REVIEWS

Saint Helena. By PHILIP GOSSE. (Cassell.) Price 16s.

If tales of fearless bravery, tenacity and privation have any appeal, then the story of the growth of St. Helena, from its earliest days until the end of the seventeenth century, will strongly impress people who hold these qualities dear. The development of St. Helena has not essentially differed from any of those parts of the British Empire which, at the cost of so much life, were founded by our Elizabethan forbears. Typical of the age, men went out into the unknown, driven by innate forces, to discover they knew not what. Of such a kind were Martin Frobisher, John Davis, Baffin and Hudson, who unceasingly strove to find the north-west passage to Cathay, and in whose footsteps Sir Edward Parry followed two centuries later. They went not so much in a spirit of aggrandisement, but were driven forth by a restless desire for further knowledge. If

to-day those men could see the results of the imperialism, of which they were the unconscious founders, it is perhaps possible that they might wish that they had never crossed the thirtieth longitude or the equatorial line. However, explore and navigate they did, and it is due to men of similar calibre that St. Helena has been an undisputed British possession since 1673.

Mr. Gosse tells his tale well. His book, although full of the fruits of painstaking research, has not been written in the manner of historian for historian; his prose makes pleasant reading. He has caught the spirit of the island in its evolution, and has written a good book.

Carefully the author has traced the history of St. Helena, from its discovery in 1502 until this present year. Everything is told—of the years of association with the East Indian Companies of Spain,

Portugal and the Netherlands in the sixteenth century, of the short-lived Dutch occupation in 1672, of the island passing over to England for ever a year later, and of the subsequent difficulties and triumphs of the early governors and of the mutinies which they had to suppress. His chapters on the growth of the island in the eighteenth century are excellent, in spite of such a precise chronological treatment of its governors. He has also given an unbiased account of the appalling treatment meted to slaves by our early English colonists, and in no way has he attempted to whitewash the brutality to which natives were subjected, during their passage from the African coast to St. Helena.

That part of the book which deals with Napoleon's banishment has been treated with a good sense of proportion, and this famous prisoner of war did not encroach too much upon the general history of St. Helena. However, it does seem an exaggeration to say that the task of governorship of the island during this period broke Sir Hudson Lowe's career. After returning to England in 1821 he held a brief governorship of Antigua, he was made a G.C.M.G., and he was given a good appointment in Ceylon, from which he would not have been superannuated but for the fall of the Duke of Wellington's ministry in 1830. These incidents hardly bespeak a broken career.

Furthermore, it was not the Dutch but the Belgians who became "the unwilling allies of France" in 1793 (p. 220). Danton, even before the battle of Jemappes, had the impertinence to incorporate the Belgian troops in the French army. The Dutch remained the allies of England, Austria and Prussia, until the famous treaty of Basel was signed on April 5th, 1795.

Medicine and War: The Doctor's View of War. Edited by H. JOULES, M.D., M.R.C.P. With a foreword by Prof. JOHN A. RYLE, M.A., F.R.C.P., Regius Professor of Physic in the University of Cambridge. (George Allen & Unwin.) Price 3s. 6d.

The events of the last few years must have induced most thoughtful doctors to review their attitude to war; the events of this week will have caused the less thoughtful to consider how this catastrophe would affect them as private citizens and as medical men.

This book is an unbiased statement of facts which will convince any reader of the folly of war, and which shows what is to be expected from war thrust upon us.

Nine medical men have contributed to its writing under the editorship of H. Jules. The foreword has been written by Prof. John Ryle, Regius Professor of Physic of Cambridge University. The first part of the book is devoted to the scourges of war. The aetiology and statistics of the diseases of war are discussed, and these salient points are worth noting: No sooner have the old epidemics of plague, cholera and typhoid been checked by the efforts of medicine, than their place is taken by fresh diseases—trench fever, cerebro-spinal fever, influenza; diseases break free from control in warring peoples; TB rate rises; V.D. becomes widespread; influenza runs riot across the world.

In the last war more admissions on all fronts were made for disease than for wounds. This may not be so in future conflicts owing to the greatly increased power of destruction per unit area of the earth's surface, and secondly, owing to the vast unprotected populations.

The neuroses of war are discussed under the title "Shell-shock". The writer remarks that the Great War revealed a large number of men with nervous systems incapable of standing the stress of battle; but he does not draw the obvious conclusion that the number will be even greater in the next conflict, as the noxious stimuli will be more intense.

The weary tale is carried on by a careful and unemotional account of the effects of famine, deficiency diseases and undernutrition on armies and populations.

Two to three years ago, before the post-war world unmasked itself, we often heard the remark, "Men will always fight"—"War is Nature's pruning-hook". That stupid argument is refuted here at some length. It is being answered in some parts of the world somewhat abruptly by the H.E. bomb, which exercises no known selection likely to produce biological or mental fitness.

The remaining chapters deal with the history of the medical service in warfare, the immunity they enjoyed for centuries reaching a climax at the end of the nineteenth century with a swift and rapid degeneration in the Great War, Abyssinia, Spain and China. In modern wars whose slogans are "Women and children first", "Hospitals and civilians next", it is the widely accepted logical principle to strike where you cannot be hit back.

In "Defence of the Civil Population" present A.R.P. are rightly criticized—the over-emphasis on gas, the little or no protection against H.E., while according to an official statement in the House of Commons 30,000 casualties per day are expected from this source. A good suggestion is made that part of the enormous sum spent on rearmament should be devoted to building a ring of base hospitals in the home counties—a plan for present emergency and future needs. The medical problems of evacuation are not discussed unfortunately. The known intention of the Government to remove a large part of the population of London is dismissed with the brief words, "... will call for the co-operative intelligence of all available health and allied services".

Medicine is international. In this country patients of any nation would receive equal treatment. In some states it is the philosophy now to wage war by every known means; doctors and wounded of opposing forces have no right of protection. The profession is urged therefore to maintain its independence, lest the State in fear of impending war conscripts the medical service and drifts gradually into this totalitarian philosophy. In view of the vast number of expected casualties at home, organization and redistribution of medical service is obviously necessary. The adoption of the totalitarian philosophy by this country we think is very unlikely. The fear is expressed that under conscription the profession might be compelled to take part in a war of aggression, or side with the Government in an internal strike. The former contingency is very remote, especially if there is any question of defence of moral right and small nations. The appointment of a commission, as this book suggests, is necessary to adjust the relations between doctors and the State, to decide what form of service is justifiable and to prevent "blimpish" treatment of individuals as described on page 106.

Sceptical of the doctrine of ultra-pacifism in these days, this book rightly, in our opinion, pins its faith to the League of Nations as the best instrument to preserve peace. It hopes that in the near future the medical societies of the democratic countries will convene a world meeting of all medical societies to pronounce that a system of collective security must be established for the sake of humanity.

The authors are to be congratulated on this co-operative effort: a careful, orderly description of the facts of war, an array of arguments based on substantiated evidence, with avoidance of any appeal to the emotions. To the layman, the medical student, the doctor, it indicates a line of thought and action which would eventually lead to lasting peace.

EXAMINATIONS, ETC.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diploma has been conferred:
D.T.M.&H.—McGladdery, H. M.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination, August, 1938.

Surgery.—Palmer, T. I., Stewart, E. F. G.

Medicine.—Gardner, E. K., Gregory, J. C.

Forensic Medicine.—Gardner, E. K., Gregory, J. C.

Midwifery.—Gardner, E. K., Weston, J. W.

The Diploma of the Society has been granted to:
Gregory, J. C., Stewart, E. F. G.

CHANGES OF ADDRESS

ALLNUTT, Lt.-Col. E. B., M.C., R.A.M.C., "Miraflores", Greenhill Road, Farnham, Surrey. (Tel. Farnham 5047.)

BURKE, Lt.-Col. G. T., I.M.S. (ret.), "Windhover", Hartley Hill, Purley.

MASON, T. O., 137, Shepherds Lane, Dartford, Kent.

STANGER-LEATHES, Col. H. E., I.M.S. (ret.), Beverley, Elvetham Road, Fleet, Hants. (Tel. 830.)

APPOINTMENTS

ALLNUTT, Lt.-Col. E. B., M.C., R.A.M.C., appointed Commandant and Chief Instructor, Army School of Hygiene, Aldershot.

NICHOLSON, B. CLIVE, M.D., M.R.C.P., D.P.H., appointed Assistant Physician and Assistant Physician for Diseases of Children to the London Homœopathic Hospital.

BIRTHS

- ADENEY.—On August 16th, 1938, to Bettie (*née* Wardle), wife of Noel F. Adeney, of Bournemouth—a son.
- BEARD.—On August 14th, 1938, to Janet (*née* Ellis), the wife of Dr. Beard, of 74, Woodside, Wimbledon—a son.
- BURSTAL.—On September 17th, 1938, to Katja, wife of Dr. E. Worsley Burstal, of The White House, Lutterworth—a daughter.
- CHURCH.—On August 26th, 1938, to Janet (*née* Casson), wife of Dr. W. F. Church, Ruanda—a daughter.
- HARDING.—On August 16th, 1938, to Virginia (*née* Symes Thompson), wife of Dr. C. L. Harding, of Hipplefield, Salcombe—a son.
- HOSFORD.—On August 22nd, 1938, at 58, Harley Street, W. 1, to Millicent, wife of John Hosford—a daughter.
- HUMPHRIS.—On August 24th, 1938, at 13, King Street, King's Lynn, to Aline, wife of Dr. J. Howard Humphris—a daughter.
- HUTCHINSON.—On September 4th, 1938, to Dolores (*née* Durnford), wife of Dr. H. P. Hutchinson, The Hollies, Haywards Heath—a son.
- LANDOR.—On August 16th, 1938, to Marjorie, wife of Dr. J. Victor Landor, of 15, Hospital Avenue, Singapore—a daughter (Diana).
- MACFARLANE.—On August 26th, 1938, to Hilary, wife of Dr. R. G. Macfarlane, of Robins Hern, Northwood, Middlesex—a son.
- POSEL.—On August 22nd, 1938, at Johannesburg, South Africa, to the wife of M. M. Posel, M.D., M.R.C.P.(Lond.)—a daughter.
- RUSSELL.—On September 1st, 1938, at Mohnyin, Upper Burma, to Dr. and Mrs. S. Farrant Russell—a son.
- SHARP.—On September 12th, 1938, at 40, Belsize Grove, N.W., to Helen, wife of Dr. B. Buckley Sharp—a son.
- SIMCOX.—On August 24th, 1938, at 19, Bentinck Street, W. 1, to Olwyn, wife of Dr. Ronald Simcox—a daughter.
- SNOW.—On August 15th, 1938, at Leeds, to Mary (*née* Burton), wife of Capt. J. E. Snow, R.A.M.C.—a daughter.
- STEPHENS.—On August 12th, 1938, at Lyndhurst, Repton Avenue, Gidea Park, to Kathleen (*née* Frederick), wife of Dr. D. J. Stephens—a son.

MARRIAGE

- RICHARDS—SECRETAN.—On August 13th, 1938, at St. John's Church, Hampton Wick, Middlesex, Capt. Philip John Richards, R.A.M.C., second son of Dr. W. Guyon Richards, Highgate, N., to Beatrice Mary Vivienne, second daughter of Mr. O. P. Secretan, Hampton Wick.

SILVER WEDDINGS

- BAILEY—GUARD.—On September 2nd, 1913, at Woodburn, Bucks, Selborne Bailey, M.D., of Bourne End, to Mabel Yardley Guard.
- WATTS—HOLLOWAY.—On September 2nd, 1913, at the Church of St. Mary the Virgin, Chipping Norton, Oxfordshire, by the Rev. G. A. Littledale, M.A., John Ernest Price Watts, F.R.C.S., L.R.C.P., son of H. Ernest Watts, L.R.C.P.(Lond.), L.R.C.S.I., L.S.A., of Sunnyside House, Belmont Road, Ilford, to Elves Lilian Norfolk Holloway, elder daughter of William T. Holloway, of Fern Villa, Chipping Norton. Present address: White Hall, Chigwell Row, Essex.

DEATHS

- BONARD.—On September 18th, 1938, in a nursing home in Nice, after a short illness, Numa Sylla Bonard, M.D., of 19, Harley Street, W. 1.
- JEREMY.—On August 16th, 1938, suddenly, after a long illness, Harold Rowe Jeremy, F.R.C.S.(Eng.), of 66, Harley Street, W., and 176, Clarence Gate Gardens, N.W. 1.
- MACPHAIL.—On August 28th, 1938, while on holiday, Alexander Macphail, M.D., of Northwood, Middlesex, aged 65.
- STRICKLAND.—On September 4th, 1938, at 6, College Road, Clifton, Bristol, Col. P. C. H. Strickland, I.M.S. (ret.).
- WILKIE.—On August 28th, 1938, in London, Sir David P. D. Wilkie, O.B.E., Ch.M., F.R.C.S., Professor of Surgery, University of Edinburgh.

PERSONAL COLUMN



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For the transgression of a land, many are the princes thereof; but by a man of understanding and knowledge the state thereof shall be prolonged.—*Proverbs*, xxviii, 2.

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